

Authority For Tuition Assistance - Education Services Program									
PRIVACY ACT STATEMENT									
AUTHORITY: 10 U.S.C. 8013 and EO 9397.									
PRINCIPAL PURPOSE: To process an individual's request for Air Force tuition assistance. Use of SSN is necessary to make positive identification of the individual and records.									
ROUTINE USES: Records may be disclosed to civilian schools for the purposes of ensuring correct enrollment and billing information.									
DISCLOSURE IS VOLUNTARY: Disclosure of SSN is voluntary; however, failure to provide the information required may result in disapproval of the individual's request for tuition assistance.									
Student Data:									
Lastname - Firstname - Middle Initial DOE, JOHN D				Rank SRA		DOS 06-Sep-2007		SSAN 111-22-3333	
Organization 0092 AIRCRAFT MAINT SQ /MAOB				Duty Phone 8377025		School EMBRY RIDDLE AERONAUTICAL UNIVERSITY			
Enrollment Data:									
Course	Dates	Lvl	Loc	Unit Type	Units	Unit Cst	Crs Cost	Stu Cst	Gov Cst
MATH 140-COLLEGE ALGEBRA	21-Mar-05 - 21-May-05	C	A	SH	3	\$177.00	\$531.00	\$0.00	\$531.00
SAMPLE									
Total Lab Fees \$0.00		Total Course Cost \$531.00		Total Gov Cost \$531.00		Total Stu Cost \$0.00			
Conditions and Certifications									
I agree that no changes will be made in the above course or dollar amounts without the approval of the issuing education center staff; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 100% of my tuition and fees up to \$250 per SH and \$166.66 per QH. I understand that my annual fiscal year CAP is \$4500. I agree to pay the remaining amount and any other costs and fees. IAW AFI 36-2306, I will reimburse the Total Government Cost above for non-completions, withdrawals, or unsatisfactory grades due to reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course was not due to circumstances beyond my control. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 93-568). I agree to notify the education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AFI 36-2305 for update of my military record. I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADSC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified on this agreement. All policies and conditions in AFI 36-2306 apply.									
Initial:		I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting.							
Signature of Applicant:							Date: 10-Mar-2005		
Verification By MPF/ESO (Education Services Office)									
Initial:		Approved. The applicant has been counseled and is considered qualified for the course. Eligibility is based on the certification above. Funds are available.							
Disapproved Because:									
Signature of Education Services Officer Representative:							Date: 10-Mar-2005		
Mail Invoices To: 92MSS/DPE 6 W. Castle Street Fairchild AFB, WA. 99011-9406 Phone: 509 247-2340					Document Information: Document # TA-1072201 Exact Amount to Invoice: \$531.00				